

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>T</i>		
O.I.P.E. CLASSIFIER	<i>MDW</i>	<i>JO</i>	<i>05-11-01</i>
FORMALITY REVIEW	<i>HL</i>	<i>1079</i>	<i>06/11/01</i>
RESPONSE FORMALITY REVIEW	<i>LT</i>	<i>571</i>	<i>08/09/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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5C-#1079

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4/1/01  
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